

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

United States Courts  
Southern District of Texas  
FILED

for the

OCT 22 2024

Southern District of Texas

Houston Division

Nathan Ochsner, Clerk of Court

KIMBERLY TAIKO MOYERS

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

CITY OF CONROE, TEXAS

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**  
(Non-Prisoner Complaint)**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	KIMBERLY TAIKO MOYERS		
Address	17430 S. SUMMIT CANYON DR.		
	HOUSTON	TX	77095
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	HARRIS		
Telephone Number	(832) 512-7964		
E-Mail Address	TAIKOPRODUCTIONS7@GMAIL.COM		

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name	CITY OF CONROE, TEXAS		
Job or Title (if known)			
Address	300 W DAVIS ST.		
	CONROE	TX	77301
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County	MONTGOMERY		
Telephone Number	(936) 522-3033		
E-Mail Address (if known)			

☐ Individual capacity ☒ Official capacity

## Defendant No. 2

Name			
Job or Title (if known)			
Address			
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address (if known)			

☐ Individual capacity ☐ Official capacity

## Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity
 ☐ Official capacity

## Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

☐ Individual capacity
 ☐ Official capacity
**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐ Federal officials (a *Bivens* claim)

☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?  
5TH AMENDMENT AND 14TH AMANDMENT

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
- THE CONROE POLICE DEPARTMENT ARRESTED ME FOR AN UNCONSTITUTIONAL RED FLAG LAW WRITTEN BY THE DEPARTMENT FO VETERANS AFFAIRS UNDER THE COLOR OF CRIMINAL TRESSPASS.
- 

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?  
CONROE VETERANS AFFAIRS CLINIC LOCATED AT 690 S LOOP 336 W, CONROE, TEXAS 77304
- 
- B. What date and approximate time did the events giving rise to your claim(s) occur?  
MAY 16, 2022 APPROXIAMATELY 10:00 A.M.
- 
- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*  
ON MAY 16, 2022 AT 9:30 A.M. I ARRIVED AT THE CONROE VA CLINIC FOR A DENTAL APPOINTMENT THAT WAS SCHEDULED FOR ME AT 10:00 AM BY THE OFFICE OF SENATOR JON TESTER WHO IS THE CHAIRMAN OF THE SENATE COMMITTEE OF VETERANS AFFAIRS. I WAS ACCOMPANIED BY MY HUSBAND DAKOTA-LEE LAWRENCE MOYERS AND MY ONE YEAR OLD DAUGHTER. AFTER CHECKING IN I WAS CONFRONTED BY VETERANS AFFAIRS POLICE OFFICER V. GARRETT WHO SAID THAT IM ONLY ALLOWED TO BE AT THE VETERANS AFFARIS CLINIC IF I WAS IN AN EMERGENCY IN WHICH I COULD LOSE MY LIFE. SINCE I AM A ONE-HUNDRED PERCENT DISABLED VETERAN I CAN RECEIVE MY HEALTH CARE AT ANY VETERANS AFFAIRS HOSPITAL I CHOOSE. AS A U.S NAVY VETERAN I KNOW MY HEALTH CARE BENEFITS WITH THE VA AND THAT OFFICER GARRET WAS MISTAKEN. OFFICER GARRET THEN PROCEDED TO CALL THE CONROE POLICE DEPARTMENT AND I HAD NO FURTHER INTERACTION WITH HIM. AT APPROXIAMATELY 10:00 A.M. OFFICER A. RODRIGUEZ OF CONROE POLICE DEPATMENT ARRIVES ON THE SCENE. OFFICER RODRIGUEZ TELLS ME TO VACATE THE PREMISES. I TRY TO EXPLAIN TO OFFICER RODRIGUEZ THAT I HAVE AN APPOINTMENT WITH DENTAL AND THAT I HAVE EVERY RIGHT TO BE AT THE CLINIC. OFFICER
-

RODRIGUEZ THEN WRONGFULLY ARRESTED ME AND IMPRISONED ME FOR 36 HOURS IN MONTGOMERY COUNTY JAIL. THE EXPERIENCE FUTHER EXACERBATED MY INJURIES AND PROLONGED THE PAIN I WAS IN BY KEEPING ME FROM RECEIVING DENTAL WORK.

#### **IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

SINCE I WAS NOT PERMITTED TO SEE THE DENTAL CLINIC AT CONROE VA I WAS KEPT IN A PROLONG PERIOD OF PAIN AS WELL HAVING PROIR INJURIES AGGRIVATED BY BEING ARRESTED. MY RIGHT SHOULDER WHICH HAS HAD SURGERY WAS AGGRIVATED WHEN I WAS PLACE IN HANDCUFFS AS WELL AS WHEN I WAS PLACE IN AND TAKEN FROM THE POLICE VEHICLE. THE PAIN IN MY TEETH WAS FURTHER AGGRIVATED BY THE DETENTION OFFICERS IN THE JAIL WHEN THEY INSPECTED MY MOUTH. DURING MY THIRTY-SIX HOURS OF WRONGFUL IMPRISONMENT I WAS NOT GIVEN ANY FOOD OR WATER CAUSING ADDITION DISTRESS TO MY GASTROPARESIS CAUSING MORE EXCRUTIATING PAIN. SINCE I WAS DENIED MY SCHEDULED DENTAL CARE I WOULD HAVE RECEIVE THAT DAY, I HAD TO WAIT AN ADDITIONAL NINE MONTHS TO RECEIVE SAID CARE.

---

#### **V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$10,000,000.00 FOR PAIN AND SUFFERING, MENTAL ANGUISH, LOSS OF ENJOYMENT OF LIFE, HUMILIATION, REPUTAIONAL DAMAGE, INCONVENIENCE,

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 08/27/2024

Signature of Plaintiff

Printed Name of Plaintiff

  
KIMBERLY TAIKO MOYERS

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address